Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |   |   |              |                               |                              |                  |     | SMALL ENTITY TYPE OR |                        |    | OTHER THAN<br>SMALL ENTITY |                        |
|---|---|---|--------------|-------------------------------|------------------------------|------------------|-----|----------------------|------------------------|----|----------------------------|------------------------|
| TOTAL CLAIMS  |   |   | 46           |                               |                              |                  |     | RATE                 | FEE                    | [  | RATE                       | FEE                    |
| FOR   |   |   | NUMBER FILED |                               | NUMBER EXTRA                 |                  |     | BASIC FEE            | 375.00                 | OR | BASIC FEE                  | 750.00                 |
| TOTAL CHARGEABLE CLAIMS   |   |   | Us min       | us 20=                        | * 24                         |                  |     | X\$ 9=               | 236                    | OR | X\$18=                     |                        |
| INDEPENDENT CLAIMS  |   |   |              |                               | * 2                          |                  |     | X42≃                 | Z                      | OR | X84=                       |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT  |   |   |              |                               |                              |                  |     | +140=                |                        | OR | +280=                      |                        |
| * If the difference in column 1 is less than zero, enter "                            |   |   |              |                               |                              | olumn 2          | ı   | TOTAL                |                        | OR | TOTAL                      |                        |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)                         |   |   |              |                               |                              |                  |     | SMALL                | NTITY                  | OR | OTHER<br>SMALL             |                        |
| ENT A   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVIO<br>PAID | IEST<br>BER<br>OUSLY         | PRESENT<br>EXTRA |     | RATE                 | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT   | Total   | *   | Minus        | **                            |                              | =                |     | X\$ 9=               |                        | OR | X\$18=                     |                        |
|   | Independent   | *   | Minus        | ***                           | T CL AIRA                    | ]=               |     | X42=                 |                        | OR | X84=                       |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |              |                               |                              |                  |     |                      |                        | OR | +280=                      |                        |
| 1- 8-10 . 30  |   |   |              |                               |                              |                  |     | TOTAL<br>ADDIT. FEE  |                        | OR | TOTAL<br>ADDIT, FEE        |                        |
|   |   | (Column 1)                                |              | (Colu                         | mn 2)_                       | (Column 3)       |     | ADDII: 1 EE          |                        |    |                            |                        |
| AMENDMENT B   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | NUM<br>PREVI                  | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |     | RATE                 | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total   | *   | Minus        | **                            |                              | =                |     | X\$ 9=               | i<br>i                 | OR | X\$18=                     |                        |
|   | Independent   | *   | Minus        | ***                           | 7 01 111                     | <u> -</u>        |     | X42=                 |                        | OR | X84=                       |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |              |                               |                              |                  | ן נ | +140=                |                        | OR | +280=                      |                        |
|   |   |   |              |                               |                              |                  |     | TOTAL                |                        | 4  | TOTAL                      |                        |
|   | (Column 1) (Column 2) (Column 3)  |   |              |                               |                              |                  |     |                      |                        |    |                            |                        |
| AMENDMENT C   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVI          | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |     | RATE                 | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total   | *   | Minus        | **                            |                              | =                |     | X\$ 9=               |                        | OR | X\$18=                     |                        |
|   | Independent   | *   | Minus        | ***                           |                              | <u> </u>         | 1   | X42=                 |                        | OR | X84=                       |                        |
| ഥ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |              |                               |                              |                  |     | +140=                |                        | OR | +280=                      |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |   |   |              |                               |                              |                  |     |                      |                        | OR | TOTAL                      | <u>}</u>               |
|   | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest numb r found in the appropriate box in column 1. |   |              |                               |                              |                  |     |                      |                        |    |                            |                        |